ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER	2. CONTRACT NO. *(If any)*
06/04/2004	

3. ORDER NO.	4. REQUISITION/REFERENCE NO.
BPC04000049	PR300040102

5. ISSUING OFFICE *(Address correspondence to)*

DOT/Maritime Administration, MAR-380
400 Seventh Street, SW., Room 7310

Washington   DC   20590

6. SHIP TO: Eileen S. Roberson

a. NAME OF CONSIGNEE

DOT/Maritime Administration, MAR-300

b. STREET ADDRESS

400 Seventh Street, SW., Room 7216

c. CITY	d. STATE	e. ZIP CODE
Washington	DC	20590

7. TO:

a. NAME OF CONTRACTOR

Gail Bassette

b. COMPANY NAME

TCE Digital Solutions

c. STREET ADDRESS

10905 Fort Washington Rd., Suite 105

d. CITY	e. STATE	f. ZIP CODE
Fort Washington	**MD**	**20744**

f. SHIP VIA

8. TYPE OF ORDER

☐ a. PURCHASE

REFERENCE YOUR:

_____

Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.

☐ b. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA

- - D14750 - 1 - 04 - 010 - - GAL002 - 110000 - - 2523 - - - - - -

10. REQUISITIONING OFFICE

DOT/Maritime Administration, MAR-310

11. BUSINESS CLASSIFICATION *(Check appropriate box(es))*

☐ a. SMALL   ☐ b. OTHER THAN SMALL   ☒ c. DISADVANTAGED   ☒ d. WOMEN-OWNED

12. F.O.B. POINT	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE *(Date)*	16. DISCOUNT TERMS
Destination		09/30/2004	10 days % 20 days % 30 days % days %

13. PLACE OF

a. INSPECTION	b. ACCEPTANCE

17. SCHEDULE *(See reverse for Rejections)*

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	SEE LINE ITEM DETAIL					

SEE BILLING INSTRUCTIONS ON REVERSE

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.

21. MAIL INVOICE TO: John G. Hoban

a. NAME

DOT/Maritime Administration, MAR-330

b. STREET ADDRESS *(or P.O. Box)*

400 Seventh Street, SW., Room 7325

c. CITY	d. STATE	e. ZIP CODE
Washington	DC	20590

17(h) TOT. *(Cont. pages)*

17(i) GRAND TOTAL $9,975.00

22. UNITED STATES OF AMERICA BY *(Signature)*	23. NAME *(Typed)*
	Tracey L. Ford
	TITLE: CONTRACTING/ORDERING OFFICER

NSN 7540-01-152-8083
Previous edition not usable

OPTIONAL FORM 347 (REV. 6/95)
Prescribed by GSA/FAR 48 CFR 53.213(e)

Total Funding: $9,975.00

FYs	Fund	Budget Org	Sub	Object Class	Sub	Program	Cost Org	Sub	Proj/Job No.	Sub	Reporting Category
	D14750	1	04	010		GAL002	110000		2523		

Division　　　　**Closed FYs**　　　　**Cancelled Fund**

Line Item Number	Description	CLIN Ref	Delivery Date (Start Date to End Date)	Quantity	Unit of Issue	Unit Price	Total Cost (Includes Discounts)

All work shall be completed in accordance with the attached Statement of Work.

0001	Contractor Support	0001	09/30/2004	1.00		$9,975.000	$ 9,975.00

(06/01/2004 to 09/30/2004)

Contractor Support for the Office of the Maritime Administration for preparation of reports and speeches on behalf of the Maritime Administrator. The total price includes 95 labor hours at $100.00 per hour ($9,500) and a 5% Administrative Fee ($475).

Ref Req No: PR300040102

Funding Information:

-　- D14750 - 1 - 04 - 010 -　- GAL002 - 110000 -　- 2523 -　-　-　-　-　-
$9,975.00

Total Cost:　　　$9,975.00

Accounting Data:
D1 4750 1 04 010 110000 GAL002 2523 11N46305 - $10,000